

EXHIBIT 1

AMENDED
8-21-2017WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION
PHYSICIAN'S/MEDICAL EXAMINER'S CERTIFICATE OF DEATH
350 CAPITOL STREET, ROOM 165, CHARLESTON, WV 25301

011835

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK

44		1. DECEASED'S NAME (First, Middle, Last) Drema June Ashley		2. SEX F	3. DATE OF DEATH (Month, Day, Year) 7/8/2017
DECEASED		4. SOCIAL SECURITY NUMBER 236-70-2786	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEARS Months: 0 Days: 0 Hours: 0 Minutes: 0	6. DATE OF BIRTH (Month, Day, Year) 7/8/1943
INFORMANT		7. BIRTHPLACE (City and State or Foreign Country) Vanetta, WV			
DISPOSITION		8a. PLACE OF DEATH (Check only one; see Instructions on other side) Home	8b. CITY, TOWN, OR LOCATION OF DEATH Summers	8d. COUNTY OF DEATH Fayette	
PRONOUNCING PHYSICIAN ONLY		8c. FACILITY NAME (if not institution, give street and number) 190 Oakland Ave	12b. KIND OF BUSINESS/INDUSTRY 989		
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed	11. SURVIVING SPOUSE (if wife, give maiden name) Homemaker	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 901	
CAUSE OF DEATH		13a. RESIDENCE—STATE WV	13b. COUNTY Fayette	13c. CITY, TOWN, OR LOCATION Summers	
CERTIFIER		13d. STREET AND NUMBER 190 Oakland Ave.			
REGISTRAR		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	15. RACE—American Indian, Black, White, etc. (Specify) White	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary School (0-12) 16A College (14 or 5+) 16B 4-2	
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		17. FATHER'S NAME (First, Middle, Last) Henry Prother	18. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Gray		
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		19a. INFORMANT'S NAME (Type/Print) Larry Joe Prother Sr.	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PO Box 668 Gauley Bridge WV 25085		
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Signature and Title	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bethel Cemetery	20c. LOCATION—City or Town, State POE, WV	
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		23a. To the best of my knowledge, death occurred at the time, date, and place stated. 7/8/17	23b. DATE SIGNED (Month, Day, Year) 7/17/17		
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		24. TIME OF DEATH 7:17 PM	25. DATE PRONOUNCED DEAD (Month, Day, Year) 7/8/17	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) YES	
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Arteriosclerotic cardiovascular disease	28a. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS		
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		28b. DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic cardiovascular disease			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		29. IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerotic cardiovascular disease			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30a. SEQUENTIALLY 1st conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Hypothyroidism			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30b. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Determined <input type="checkbox"/> Homicide			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30c. DATE OF INJURY (Month, Day, Year) 7/8/17			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30d. TIME OF INJURY M			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30e. INJURY AT WORK? (Yes or No) NO			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		30f. DESCRIBE HOW INJURY OCCURRED NO			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		31a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		31b. CERTIFYING PHYSICIAN OR QUALIFIED APRN (Physician or qualified Advanced Practice Registered Nurse certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. Piotr Kubiczek, M.D.			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		31c. PRONOUNCING AND CERTIFYING PHYSICIAN OR QUALIFIED APRN (Physician or qualified Advanced Practice Registered Nurse both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Piotr Kubiczek, M.D.			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		31d. MEDICAL EXAMINER/CORONER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.) Deputy Chief Medical Examiner			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		31e. DATE SIGNED (Month, Day, Year) 7/12/17			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Piotr Kubiczek, M.D., 619 Virginia St. W., Charleston, WV 25302			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		33. REGISTRAR'S SIGNATURE Raymond Fox			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH		34. DATE FILED (Month, Day, Year) JUL 18 2017			